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South Carolina... Lead-Safe for Life



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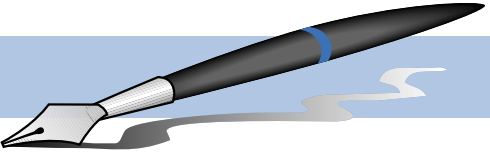
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From the Editor's Pen

Publication of this edition of the "Lead Leader" newsletter coincides with the observance of National Lead Poisoning Prevention Week (NLPPW) which falls on October 24 – 30 this year. The theme chosen jointly by the three agencies HUD, EPA and CDC for this year's NLPPW is: "Shut the Door on Lead Poisoning".

It is hoped that this annual event will help in sustaining not only the already gathered momentum, but also the enthusiasm and efforts of public health staff and all those groups and individuals who are working hard to achieve the goal of eliminating childhood lead poisoning by the year 2010.

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BabyNet South Carolina Early Intervention System

Joann Moton, South Carolina Interagency Coordinating Council Director

BabyNet is Part C of the Individuals with Disabilities Education Act of 1997 (IDEA)

- Gives rights to eligible children and their families at birth until child's third birthday.
- Administered by the South Department of Health and Environmental Control.
- Eligibility for services is determined by screening and evaluation process.
- Services for eligible infants and toddlers are developed and written into an Individualized Family Service Plan (IFSP).

You might have questions about how a child is learning, seeing, hearing, talking or moving. Is the child developing normally? BabyNet can help. BabyNet determines eligibility for children from birth to three years of age to see if there are delays in a child's ability

to learn, see, hear, talk or move. If there is a delay, BabyNet provides services to help the family to meet the needs of the child. These services are providing through partnerships with state agencies and private providers. If a child needs BabyNet services, the child can receive them regardless of the parents' income or ability to pay.

Anyone can refer a child to BabyNet: a childcare worker, family member, health care provider, neighbor, or any adult in the child's life. Children grow and develop the most in the first three years of life. The sooner a problem is found, the better. If you think a child has a problem, don't "wait and see." Catch them early. As soon as you think there is a problem, **even as early as birth, please call the DHEC Care Line at 1-800-868-0404 or visit the Web site at www.scdhec.net/babynet.**

DHEC's Continuing Role in Childhood Lead Poisoning Screening and Follow-Up of Elevated Blood Lead Levels

By Sarah Fellows, Nurse Consultant, DHEC Division of Women and Children's Services

DHEC recently ended screening for lead poisoning through its WIC program in response to DHHS' renewed enforcement of blood lead screening during EPSDT visits for children younger than six years of age. DHEC continues to provide EPSDT services on a limited basis in six of the thirteen public health districts, but the majority of EPSDT services in South Carolina are now provided through private practices.

Three Children's Health policies guide DHEC staff in their continuing role of screening for lead poisoning and follow-up of children found to have elevated blood lead levels. These policies incorporate recommendations about lead screening and follow-up of elevated blood lead levels from the Centers for Disease Control and Prevention and the American Academy of Pediatrics. They are:

- Lead Screening for Children
- Elevated Blood Lead Level Follow-Up for Children
- Closure to Childhood Lead Poisoning Prevention Program (CLPPP) Follow-Up

Lead screening is provided to children receiving EPSDT services through DHEC. Children with elevated blood lead levels are followed through DHEC according to policy guidelines. Physician lead consultants, and on occasion a local physician, are included in the team to provide care to children seen through DHEC EPSDT clinics.

In addition to following children seen in DHEC EPSDT clinics, DHEC continues to work with private medical practices and with our physician lead consultants to provide appropriate follow-up services to children who have elevated blood lead levels.

(DHEC's Continuing Role, cont'd on page 3)

Blood Lead Screening by South Carolina Primary Care Providers

that 3.9% of children in their practice had elevated blood lead levels compared to 7% in the community. However, 83% said that epidemiological studies should be performed to determine prevalence of blood lead elevations. A courier system for lab transport and timely feedback on case management were suggested as ways to improve the ease of screening. Eighty-four percent were willing to have someone visit their office for educational purposes.

Conclusions: Results from the survey indicated that lead screening in South Carolina might be improved by providing actual prevalence data, a lab courier system, and improved feedback on case management. It also revealed that providers appear to be receptive to further education about lead screening.

An Important Announcement

By Lauri Dees, Bureau of Laboratories

The South Carolina Department of Health and Environmental Control (SC DHEC) Bureau of Laboratories is now offering pre-paid postage mailing kits for sending blood lead samples to the State Lab for analysis. Each kit contains mailing supplies and instructions. Using the kits, providers can submit approximately 1-8 blood lead (Pb) specimens for analysis. The specimens are mailed First Class to the Lab at no charge to the provider. The cost for the lead analysis of the blood sample is \$13 per test.

The mailers are free and the request forms are 1 cent each. The provider may purchase collection tubes from a variety of suppliers. These tubes are available from the DHEC Lab at a cost of \$29.26 for a pack of 50 tubes.

These pre-paid postage kits are to be used for sending blood lead samples only. They are intended for use by non-DHEC providers. DHEC providers should continue to use the courier system.

To set up an account and obtain a sender number for the SC State Lab, interested providers should send a fax to Lenda Ricard at (803) 896-0983. This fax should be on the provider's letterhead and should include:

- Full billing address
- Phone number
- License number (if appropriate)

Once a sender number has been obtained, the provider should contact Carlton Atkinson at (803) 896-0913 to order forms, supplies and postage-paid mailing kits. For additional information about blood lead analysis, contact Anne Schluter or Lauri Dees at (803) 896-0886.



Blood Lead Screening by South Carolina Primary Care Providers

A paper presented by Drs. James R Roberts, J.Routt Reigart and Thomas C Hulsey (all of the Department of Pediatrics, Medical University of South Carolina) at the Pediatric Academic Societies Meeting outlined the findings from a survey conducted among primary care providers in South Carolina. The objective of the survey was to evaluate physicians' knowledge base of lead poisoning, their current lead screening practices, and their perceived barriers to blood lead screening.

Background: An active Childhood Lead Poisoning Prevention Program (CLPPP) has been in place in South Carolina since the early 1970's. The Medical University of South Carolina Department of Pediatrics and the Department of Health and Environmental Control (DHEC) have largely performed much of the screening of children for lead poisoning for the children in Charleston. For the rest of the state, the majority of screening has been performed by public health clinics of DHEC. There was a brief period of increased screening for about 3 year in the Women, Infants and Children (WIC) clinics. There has been limited participation by private pediatric providers in screening and case management components of the program. However, there were little or no data available to explain this lack of participation in this important preventive program. The need for such data became even more evident following an important change to the existing Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) requirements for blood lead testing which came into effect from April 1, 2003. As part of the EPSDT service, the Centers for Medicare and Medicaid Services (CMS) required that all Medicaid enrolled providers of EPSDT services must begin administering screening blood lead tests to all Medicaid enrolled children according to set guidelines. Given this background, the authors, in collaboration with the SC CLPPP, conducted a survey of pediatric provider in SC.

It was envisioned that this research would provide the opportunity to validate anecdotal evidence and impressions about lead screening practices in SC. More importantly, it was thought that the research itself would prove to be an educational experience for

pediatric providers about this important health risk to children, besides providing strong and useful guidance in planning future educational activities for primary care providers in SC.

Design/methods: The primary tool used in the research was a questionnaire developed using core items from a prior American Academy of Pediatrics (AAP) survey together with additional state specific items relevant to SC. The survey was approved by the SC CLPPP State Lead Advisory Committee and field-tested at the Medical University of South Carolina (MUSC). The questionnaire was mailed out to all pediatricians, family practitioners and pediatric nurse practitioners (numbering approximately 1600) in the state of SC. A second mailing was sent out to non-responders. Responses of pediatricians and family practitioners were compared using Chi-square as the statistical test. Drs Reigart and Roberts developed the survey. The SC CLPPP provided administrative support for the mail-out of surveys while the Division of Pediatric Epidemiology of the MUSC provided technical support for data entry and statistical analysis.

Results: Six hundred thirty-three surveys were returned of which 462 were completed. Responses were received from 160 pediatricians, 233 family physicians, and 12 nurse practitioners, 57 others. Practitioners identified their practices as urban (143), suburban (150), or rural (129). Most demonstrated good knowledge of basic lead information; 57% agreed or strongly agreed that a blood lead 10 g/dL was elevated while 56% agreed or strongly agreed that elevated lead levels are common in urban inner cities. Ninety-one percent identified 9 or 12 months as the most appropriate age to begin screening. Pediatricians were more likely than family physicians to know that blood lead screening was required by Medicaid (42% v. 11%, $p < 0.0001$), and that SC children received blood lead screening from WIC, (68% v. 38%, $p < 0.0001$). Only 11% of respondents screened all children. The most common reason for not screening all children was the belief that the prevalence of children age 9-36 months with elevated blood lead levels was low in their practice. Providers estimated

(Blood Lead, cont'd on page 7)

DHEC's Continuing Role in Childhood Lead Poisoning Screening and Follow-Up of Elevated Blood Lead Levels

Public health services may include nursing, nutrition, social work and environmental health interventions for a family. Private providers can choose to provide family education and counseling about their child's individual risk factors or they can request those services from the health department.

Any child with a blood lead level of $>10\mu\text{g/dL}$ is eligible for nursing, nutrition, and social work services. For children with diagnostic blood lead levels of $>20\mu\text{g/dL}$ or for blood lead levels of $15-19\mu\text{g/dL}$ that persist or worsen, an environmental investigation is recommended and available to families. The higher the lead level, the more urgent the need for services, so the policies include guidelines for the time frames within which services must be provided once DHEC is notified that a child with an elevated blood lead level is in need of them.

The DHEC Lead Nurse is the primary contact for all DHEC staff and for private providers. The Lead Nurse is responsible for coordinating the services the family and child will receive and for ensuring that services are documented. The Lead Nurse communicates pertinent information as indicated between the family, private provider, DHEC staff members, and the DHEC lead physician-consultants.

Central Office CLPPP staff provides guidance

to DHEC staff members and to private providers upon request. Private medical providers and DHEC staff can request educational materials aimed at lead poisoning prevention and also staff educational presentations. Blood lead levels are reportable lab test results and Central Office staff monitor trends in lead levels across the state based on those tests that are reported. This helps identify areas where the risk of lead poisoning is greatest and may trigger an investigation if an unexpected group of elevations is reported.

While DHEC no longer provides blood lead screening tests through the WIC program to children in South Carolina, its public health role is still alive and well. Efforts will continue to monitor the blood lead levels of children, intervene on individual and community levels when elevations in blood lead occur, and coordinate efforts to coordinate care for children affected with lead poisoning. Education about lead poisoning prevention is aimed at families and health care professionals, and professionals in industries where lead may be used. Many untried opportunities are available to limit the risk of lead poisoning to our population. Assessment, policy development, and assurance of care for children with lead poisoning will continue through the Childhood Lead Poisoning Prevention Program as we endeavor to fulfill our part of DHEC's mission of promoting and protecting the health of the public and the environment.

Upcoming Events

Meth: Everyone's Problem – South Carolina Community Methamphetamine Conference

November 29, 2004 – December 2, 2004

Kingston Plantation / Embassy Suites Hotel, 9800 Queensway Boulevard, Myrtle Beach, SC 29572

Contact: Linda McLeod, Lee County Sheriff's Office, (803) 484-5353; Shannon Argetsinger, DEA, (803) 765-5251

Full conference schedule will be available at www.myschools.com/offices/ssys/safe_schools/sdfsc/

State Lead Advisory Committee Meeting

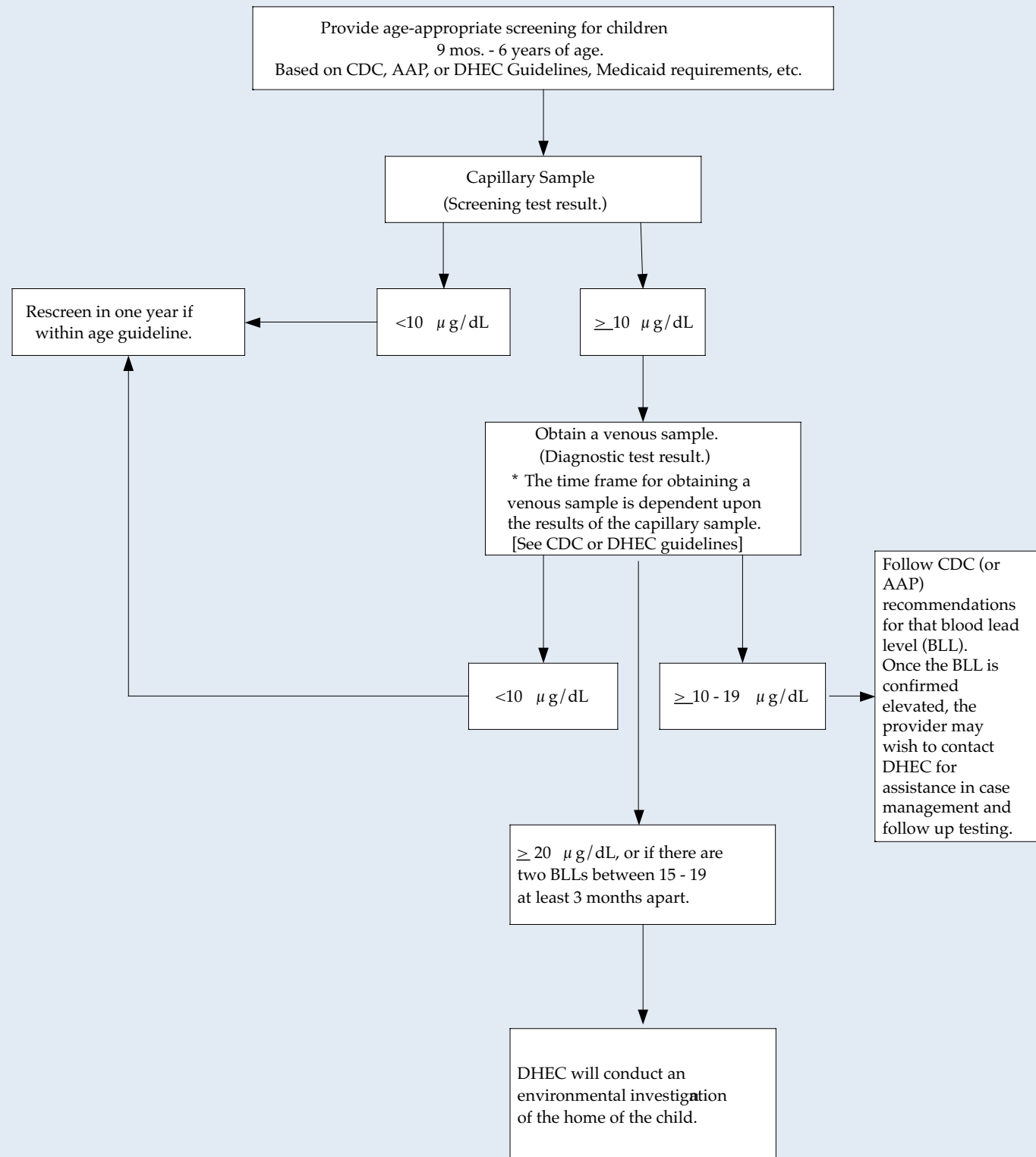
November 9, 2004

Contact Lakshman Abeyagunawardene

(803) 898-9561 or e-mail ABEYAGLN@dhec.sc.gov

If anyone is interested in arranging awareness training, a presentation on lead poisoning prevention or lead-safe work practices, please call the CLPPP toll free at 1-866-466-5323 (1-866-4NO-LEAD).

Flow Chart for Follow-Up of Blood Lead Levels



Childhood Lead Policies

By Sarah Fellows, Nurse Consultant, DHEC Division of Women and Children's Services

Three new children's health policies went into effect for lead screening, follow-up of elevated blood lead levels, and closure to the Childhood Lead Poisoning Prevention Program (CLPPP) as of August 23, 2004. Previously, lead screening was provided for children less than six years of age during EPSDT and WIC visits. As of January 1, 2004, DHEC WIC clinics no longer provide blood lead screening, although children seen for EPSDT will continue to be screened in accordance with EPSDT requirements for children younger than six years of age.

The new Lead Screening for Children policy outlines the requirements for lead screening for children, up to 72 months of age, who are seen for EPSDT services. Blood lead screening test will be performed at:

1. 12 and 24 months of age,
2. 3, 4, and 5 (<72 months) years of age if not previously screened.

The policy also includes standards for screening children who are not seen for EPSDT in a DHEC clinic, requirements for staff competency; infection control, lab specimen collection and preparation for submission to the State Laboratory, counseling and education for families, and documentation. In addition to the standards for lead screening and the process of providing the screening, several additional sections are included in the policy as guidelines for commonly occurring situations. These include:

- Parent Requests for blood lead screening for children
- Child Care Facility Screening
- Environmental Lead Investigations and Lead Removal, Remediation, and Abatement
- Testing Drinking Water for Lead

The new Elevated Blood Lead Level Follow-Up for Children policy provides the standards of care for children with blood lead levels >10µ/dL who are 72 months of age or younger. These standards of care are based on the current Centers For Disease Control and Prevention guidelines from Management of Elevated Blood Lead Levels in Young Children. The standards include guidelines for confirmation of elevated blood lead level results and lead case follow-up. Procedures include guidelines for interventions including referrals and environmental investigations expected at various blood lead levels; time frames for repeat blood lead tests and referrals; family counseling and education, and documentation.

The new Closure to CLPPP policy outlines the conditions that must be met prior to closing the case of a child with elevated blood levels to the CLPPP program. Generally, a child's blood lead level must be stable or decreasing for a specified period of time, the child is in an environment in which additional lead exposure is unlikely, and/or the child turns six years of age.

Each policy contains detailed information on expectations of blood lead screening and follow-up of elevated levels for children seen for services in health departments as well as children seen in the private sector. Although children will no longer receive routine blood lead screening through the WIC program, DHEC will continue to monitor this public health concern and work in conjunction with the private sector to minimize its effect on the children of South Carolina. It is of great importance that the public and private sectors work together in the effort to decrease childhood lead poisoning.

